

State Of Utah

Department of Agriculture and Food

350 North Redwood Road P.O. Box 146500 Salt Lake City, Utah 84114-6500 (801) 538-7100 (801 538-7126 FAX

APPLICATION FOR AGENT OR BROKER LICENSE (Enclose fee of \$10.00)

ГО:	Utah Department of Agriculture & Food:			
name	I hereby make application to act d below and for the year . (Current y	-	alf of the licensed dealer	
Print	or type)	,		
1.	Full name of applicant			
2.	Business address		Phone	
3.	Home address		Phone	
4.	Name of licensed dealer for whom applicant will act as agent or broker:			
5.	Type of product to be purchased			
	I understand that this license allow and that the license may be ulture & Food.	• •		
Date		Applicant's Sign	Applicant's Signature	
	ENDORSEM	ENT OF LICENSED DEAL	ER	
Deal	er's Name)		, a licensed dealer, hereby	
`	ses this application and authorizes		to solicit	
or neg	gotiate the consignment or purchase	e of	on my behalf.	
	Date	Signature of Dealer	License Number	

UTAH DEPARTMENT OF AGRICULTURE & FOOD

By _____ Date Approved: